



Expanding patient-centered care for TB KAP in Georgia

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PROGRESS REPORT

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ABBREVIATIONS

ACSM	Advocacy Communication and Social Mobilization
CSO	Civil Society Organization
DOT	Directly Observed Therapy
GFMA	Georgian Family Medicine Association
KAP	Key Affected Population
MDR TB	Multidrug Resistant Tuberculosis
MCLA	Ministry of Corrections and Legal Advice
MOLHSA	Ministry of Labour, Health and Social Affairs
MP	Member of the Parliament
NCDCPH	National Center for Disease Control and Public Health
NCTBLD	National Center of Tuberculosis and Lung Diseases
NSP	National Strategic Plan
NTP	National Tuberculosis Program
PCP	Primary care provider
TB	Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization
XDR TB	Extensively Drug Resistant Tuberculosis

1. INTRODUCTION

Tuberculosis and especially drug resistant TB are critical public health threats in Georgia. TB incidence and prevalence in Georgia have shown a decline in recent years, but remain high. According to WHO, the latest estimated TB incidence was 106 per 100,000 population (for 2014), which is the fourth highest level among 53 countries of the WHO European Region. The estimated 2014 mortality rate was 6.6 per 100,000 population (excluding TB/HIV cases).¹

In 2014, 39.2% of previously treated culture positive TB patients and 11.6% of new culture positive patients were estimated to have multidrug resistant TB, which is higher than in 2013. The increasingly high rate of MDR-TB identified in new TB patients is a warning sign that MDR-TB is intensively spreading in the community. Georgia must have a substantial “reservoir” of MDR-TB patients serving as sources of infection for these patients who were never treated for TB in the past, indicating that specific interventions are needed to identify and cure the MDR-TB patients in this reservoir, and stop the spread of MDR-TB to others.

While the treatment success rate for new bacteriologically confirmed DS pulmonary TB cases has reached 82.6% (2014 cohort), the MDR TB treatment success rate gradually decreased as the numbers of patients lost-to-follow up has grown. In 2009, the treatment success rate was 55%, in 2011 - 50% and for 2013 cohort decreased to 41% while rates of lost-to-follow up increased from 27% (2009) to 34% in 2013 with slight reduction to 32% in 2015.

National TB Program in Georgia is implemented by multiple partners including the Ministry of Labor, Health and Social Affairs (MOLHSA), the National Centre for Disease Control and Public Health (NCDCPH), the National Centre for Tuberculosis and Lung diseases (NCTBLD), and the Ministry of Corrections and Legal Advice (MCLA).

TB services are fully funded by the State TB program. However, Georgia still heavily relies on Global Fund support for funding TB drugs and laboratory consumables. “TB cabinets” at district level private general hospitals deliver TB outpatient services. There are 65 TB service points staffed by a TB specialist and a nurse in each district of Georgia. In Tbilisi, outpatient TB care is still being provided by a network of standalone TB dispensaries and a number of DOT spots at primary care facilities. Primary care providers (PCPs) are responsible for early recognition and timely referral of TB suspects to specialized services. If TB is confirmed, then primary care physicians and nurses with support and supervision of the rayon TB teams are expected to provide DOT in the community. Despite availability of a wide network of PCPs across the country, patients often bypass primary care services and go directly to hospitals. Furthermore, PCPs consider TB service delivery beyond their competencies and are often reluctant to actively collaborate with NTP staff. Although Civil Society Organizations have increasingly been involved in National TB response through USAID funding, their role remains limited and linkages between formal primary care and other community based services are weak.

A vast majority (70%) of new smear positive TB cases and almost all (90%) of MDR TB care are still hospitalized. Average length of stay is 25 for regular and 60 days for MDR TB cases.

¹. National Tuberculosis Strategy 2016-2020

The average length of stay is lower as compared to many other countries in the region. However, out of government expenditures on TB control, the highest share (63.1% in 2014) is spent on inpatient curative care compared with outpatient care. In light of current change in strategic focus from inpatient to outpatient TB care in the country, it is expected that expenditures on outpatient care should gradually increase.² The new TB strategy for 2016-2020 promotes establishment of outpatient TB care model, but pace of transition is slow as the process is not adequately supported neither by financing reforms nor advocacy by health professionals and patients groups.

The comprehensive program review conducted by the WHO late in 2014 reported on good progress in access to and quality of TB diagnostic and treatment services in Georgia.³ However, the review mission identified remaining challenges NTP should address in the immediate future:

- Active TB case finding should be promoted to address the issue of undiagnosed and/or lately diagnosed TB and provide for rapid detection of drug resistance.
- Poor outcomes of treatment of M/XDR-TB cases require an urgent attention. This should be addressed through implementation of the novel treatment approaches and introduction of new TB drugs (e.g. Bedaquiline which is available in Georgia through the USAID drug donation program). Good adherence support should be achieved by strengthening the patient-centered approaches with appropriate social support and provision of incentives and enablers.
- TB control interventions need to be effectively integrated into the overall health service delivery framework. The integration should be supported by adequate organizational and financial arrangements. Continuous efforts are required to develop physical infrastructure and human resource capacity for safe and effective TB service delivery. Besides, there is a need for strengthening governance and management structures of the National TB program at central and peripheral levels to ensure good coordination among all partners and smooth implementation of TB control activities.
- The new individualized electronic information system (development supported by USAID) was endorsed for use by the Government in May 2015 and became operational at all peripheral TB service delivery sites. All indicators and data collection tools have been aligned to the latest WHO standards. The system requires continuous support and upgrade to incorporate Xpert MTB/RIF and new drugs side effects monitoring data.
- Georgia is going through complex transition accompanied by the dramatic decrease of donor funding and the necessity to increase domestic funding for maintaining critical NTP functions. The National TB Strategy for 2016-2020 laid out a clear road map for the gradual shift from donor dependency towards increased domestic funding for sustainable financing of TB services. The Country Coordinating Mechanism should give proper attention to long term planning of TB control intervention to ensure sustainability in access to and quality of TB services after phasing out of Global Fund funding.

². Expenditures of Tuberculosis Control in Georgia, 2012-2014 USAID Georgia TB Prevention project

³. Extensive review of tuberculosis prevention, control and care in Georgia, Mission Report

The challenges above were reflected into the National TB strategy for 2016-2020 and will be jointly addressed by national and international stakeholders.

The overall goal of the project is to improve access to and coverage with outpatient TB services. The project will contribute towards improving MDR TB treatment outcomes and preventing nosocomial transmission of TB in hospital settings. The project should result in increased funding for outpatient TB services.

Project objectives are as follow:

1. Identify and analyze the existing barriers in the access to quality services for KAP TB to inform policy discussion on transition from hospital based to outpatient TB care model
2. Contribute towards establishing an effective TB outpatient care model through building linkages between primary care service providers and community based organizations active in the field of Tuberculosis
3. Sensitize high-level policy makers on importance of transitioning from hospital towards outpatient TB care model through intensive advocacy efforts



2. PROGRAM HIGHLIGHT

During the reporting period the focus was made on identification and analysis of the existing barriers in the access to quality services for KAP TB. GFMA experts conducted desk review and key informant interviews. In line with the project plan the project activities resulted in elaboration of situation analysis report on the existing access barriers to quality TB services for KAP and a set of recommendations on necessary strategic and programmatic changes to support strengthening of outpatient TB service delivery with greater involvement of primary care and community based organizations. The study findings were presented to stakeholders and recommendations were finalized with their contribution.

OBJECTIVE1: Identify and analyze the existing barriers in the access to quality services for KAP TB

Activity 1.1: Analyze the National TB Strategy and State TB program to assess their alignment with the TB Action Plan for the WHO European Region 2016-2020 in terms of strengthening community systems and transition to the outpatient model of providing medical aid to KAP TB (patient-focused approach).

The GFMA technical advisors conducted a desk review to analyze if interventions (which were developed based on a long and highly participatory country dialogue) for community systems strengthening envisioned in the NSP are adequately reflected into the TB State program and elaborated recommendations on necessary amendments to the program to ensure increased utilization of outpatient and community based services in TB service delivery.

In May, GFMA presented the project objectives and initial findings to the officials of Ministry of Labor, Health and Social Affairs. Namely, GFMA leaders Drs. Irine Karosanidze, Marine Shikashvili and Tamar Gabunia had a meeting with the Deputy Minister Ms. Nino Berdzuli to discuss the potential project contribution to the ongoing primary health care reform.

GFMA representative Dr. Nino Asatiani attended a meeting on CSOs role in TB control. She introduced the project to members of the Georgia TB Coalition and called for cooperation in further actions aimed at strengthening a role of primary care providers in TB service delivery.

Activity 1.2. Identify and analyze the existing barriers in the access to quality services for KAP TB.

In order to better illustrate the role that primary care and community based services can play in TB services delivery situation analysis on access barriers to TB services in Georgia was conducted by the Senior Technical and ACSM advisors. Taking into consideration the healthcare context in the country, access to TB care services was evaluated in terms of geographic accessibility, availability, effectiveness, affordability and acceptability. The analysis intends to inform the advocacy strategy for transitioning to the outpatient model for providing medical aid to KAP TB through patient-focused approach.

On May 25, 2016 a thematic meeting was held to discuss and revise the findings of the situation analysis and a set of recommendations on strategic and programmatic changes needed for strengthening outpatient TB care model.

OBJECTIVE 2: Contribute towards establishing an effective TB outpatient care model through building linkages between primary care service providers and community based organizations active in the field of Tuberculosis

Activity 2.1. Develop advocacy strategy for strengthening outpatient TB care model and transitioning to the outpatient model for providing medical aid to KAP TB through patient-focused approach.

GFMA experts initiated the work of advocacy strategy to promote outpatient model of care. The strategy outline has been developed and discussed by the project team.

3. ACHIEVEMENTS

A situation analysis report on access barriers to TB services in Georgia including set of recommendations on necessary strategic and programmatic changes to support strengthening of outpatient TB service delivery with greater involvement of primary care and community based organizations was elaborated in close consultation with a wide group of stakeholders including patient representatives.

A Thematic working meeting conducted. The meeting was attended by 18 individuals representing the Ministry of Labor, Health and Social Affairs, WHO local office, Georgia TB Coalition, GFMA, Primary care clinics. This activity will stimulate evidence based decision making by MoLHSA officials on expansion of the PHC providers and CSOs role in TB service delivery.

4. CONSTRAINTS AND SOLUTIONS

No constraints to the implementation were observed during the reporting period.

5. DESCRIPTION OF THE STRATEGIC EVENTS IN TB GOING IN THE COUNTRY

- Georgia has recently developed the TB Strategy for 2016-2020, approval by the Cabinet is anticipated in the nearest future.
- On March 24 the Parliament of Georgia in collaboration with USAID Tuberculosis Prevention Project hosted the conference to mark the World TB Day 2016. This event addressed challenges and opportunities for achieving the End TB strategy targets by 2030. The Parliament of Georgia is a signatory to the Barcelona Declaration, which calls for countries to unite against TB. The initiative group of MPs is actively involved in TB combating in European and Asian regional anti-TB activities. On the World TB Day the Georgian members of Parliament come together to

announce launching of the Georgian Caucus for TB - the first national TB Caucus in Europe. The meeting hosted members of governmental and nongovernmental organizations involved in the National TB Program, as well as US government officials. Active involvement of Georgian TB Coalition - a recently established entity which unites 17 local NGOs, including former TB patients - was specially mentioned. The Georgia TB Coalition led street actions and events countrywide.

- Policy and Advocacy Advisory Council (PAAC) was established under the auspices of the Country Coordinating Mechanism to guide transition from donor to domestic funding for TB and HIV national responses. It is anticipated that the PAAC will be assuming increasing role in discussing reform options for improving efficiency and achieving sustainability of TB and HIV programs. GFMA representatives plan to coordinate closely with the PAAC within the scope of the ongoing TB-REP project.

6. ANNEXES

The following annexes are attached to the report:

- Situation analysis report
- Draft outline of the advocacy strategy to promote outpatient model of care
- PowerPoint presentation of the situation analysis report in English and Georgian Languages
- Minutes of thematic meeting
- Sign-up sheet
- photos

Irina Karosanidze

Georgia Family Medicine Association

President



Karosanidze